

Sep. 23. 2013 1:46PM WRHA Critical Care/Emerg

No. 2640 P. 10

Ex 31

To: Helga Bryant  
Laverne Sturevant  
Elaine Bronsdon  
Cc Wes Palatnick

16 June 2008

**RECEIVED**

JUL 25 2008

**EMERGENCY MEDICINE**

RE: ER OBSERVATION UNIT.

We have been in our new emergency room for 15 months now. Our six bed observation unit opened in February 2008. Since it opened, we the CRN group have had a constant struggle to keep it open due to staffing issues. In today's day and age of ED Overcrowding keeping observation open should be a high priority. We see approximately 120 patients in a 24 hour day, of these 17% are admitted. The average length of stay for an admitted patient in our ER is 12 hours.

On average we have 4 to 8 admitted patients in our ER. We have had up to 18 medical admitted patients in ER. Other patients that are blocking our ER beds are patients waiting for OT, PT, and GPAT assessment and patients waiting for Geri Rehab beds. If some one is waiting for a GPAT assessment on Friday afternoon, they will wait in the ER until Monday morning to have it done. Other specialties that often block our beds are patients waiting for Med-Neuro or Oncology beds. Occasionally the center runs out of surgical beds and admitted surgical patients wait in ER. The other group that blocks our beds are patients waiting for GI scopes. Often a gastroscopy is done and then the patient waits until the following day to have a colonoscopy done. Having our observation open 24 hours a day 7 days a week would alleviate pressure on the 25 beds in our main ER.

Lack of ER nursing staff, because of issues with baseline needs or sick calls on a given shift is the main reason OBS does not open. Often Staffing Office will not send us anyone because of needs elsewhere in the center. Another problem is that I may have a nurse for OBS for my shift but the next shift does not. In this case, it does not make sense to put people in there because I would have to move them all out before the next shift starts and would struggle to find ER beds to move them to. Depending on what evening or night supervisor is on also plays a role in whether you will get a nurse for OBS or not. The other frustration we have with this process is that we are told by staffing office that we will not be getting a nurse as requested, and then at 1600 a nurse shows up. We could have had OBS open but didn't because we thought no one was available. As you can see there are a lot of inconsistencies.

In today's day and age of of ER overcrowding due to lack of inpatient beds, keeping OBS open would be a small step to help with ER overcrowding. Furthermore it would also help us better accommodate the EMS off load policy.

The ER task force recognized that the lack of adequate space in ER impacts patient care and satisfaction. They recommended to formalize the process to open Temporary Beds at each hospital as needed so patients who need admission can move quickly out of ER to inpatient beds. This has not happened.

I strongly suggest that you make ER staffing needs a priority, so that we could be fully staffed and keep OBS open at all times.

For your consideration,

*Wes Palatnick*  
*L. Palatnick*

*Helga Bryant*  
*Elaine Bronsdon*